

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Long Leaf Pine PAC

ADDRESS (number and street)

607 14th Street, NW

Suite 800

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00459305

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dwight M. Davidson, III

Signature of Treasurer Electronically Filed by Dwight M. Davidson, III

Date

01

28

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Long Leaf Pine PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2009 Y Y Y</div>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	37491.00	
(c) Total Receipts (from Line 19) .....	103950.00	204900.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	141441.00	204900.00
7. Total Disbursements (from Line 31) .....	66736.92	130195.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	74704.08	74704.08
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Long Leaf Pine PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	21350.00	44100.00
(ii) Unitemized .....	3550.00	3750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24900.00	47850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	79050.00	157050.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	103950.00	204900.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	103950.00	204900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	103950.00	204900.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	36574.17	75395.92	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	36574.17	75395.92	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30162.75	54800.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66736.92	130195.92	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66736.92	130195.92	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	103950.00	204900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103950.00	204900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36574.17	75395.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36574.17	75395.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Victor H. Fazio

Mailing Address 1333 New Hampshire Ave. NW

City

Washington

State

DC

Zip Code

20036-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akin Gump Strass Hauer and  
Feld LLP

Occupation

Senior Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: C18145610

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Charlene E. Green

Mailing Address 5105 Bearberry Pt

City

Greensboro

State

NC

Zip Code

27455-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106120

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Kyle E. Jackson

Mailing Address 2702 Turner Grove Dr S

City

Greensboro

State

NC

Zip Code

27455-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106130

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan F. Shumaker

Mailing Address 1613 Country Club Rd

City

Reidsville

State

NC

Zip Code

27320-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Annie Penn Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106160

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Donald T. Shafer

Mailing Address 6508 Horseman Trl

City

Summerfield

State

NC

Zip Code

27358-9284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106170

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Marily H. Rhudy

Mailing Address 8317 Persimmon Tree Rd.

City

Bethesda

State

MD

Zip Code

20817-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Talecris Biotherapeutics

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: C18145611

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

W. Edmond Fitzgerald

Mailing Address 2903 Hamden Dr

City

Greensboro

State

NC

Zip Code

27405-3676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106121

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mark E. Ellis

Mailing Address 1972 Maryland Ave

City

Charlotte

State

NC

Zip Code

28209-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106171

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James A. Pickup

Mailing Address 2916 Richmond Ln

City

Alexandria

State

VA

Zip Code

22305-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DLP Piper, LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 9

Transaction ID: C18104061

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

R. Timothy Rice

Mailing Address 4600 Jefferson Wood Ct.

City

Greensboro

State

NC

Zip Code

27410-3552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moses Cone Health System

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106161

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

John P. Ebert

Mailing Address 5910 Providence Country Club Dr

City

Charlotte

State

NC

Zip Code

28277-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Anesthesia  
Associates, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106172

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy J. Clontz

Mailing Address 7407 Summer Wind Ct

City

Summerfield

State

NC

Zip Code

27358-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moses Cone Health Systems

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: C18108942

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Laurie Joslin

Mailing Address 328 E. Greenway N

City

Greensboro

State

NC

Zip Code

27403-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106122

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James D. Singer

Mailing Address 17 Captains Pt

City

Greensboro

State

NC

Zip Code

27455-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106132

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Matt B. Martin

Mailing Address 1002 N Church St  
Ste 302

City

Greensboro

State

NC

Zip Code

27401-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106162

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph P. Ducey

Mailing Address 11924 Delmahoy Dr

City

Charlotte

State

NC

Zip Code

28277-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Anesthesia  
Associates, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106133

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Candace S. Cummings

Mailing Address 5401 Eastern Shores Dr

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VF Corporation

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106163

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

James H. Maxwell

Mailing Address 4 Loch Ridge Dr

City

Greensboro

State

NC

Zip Code

27408-3868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Radiology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106153

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Calvin B Cameron

Mailing Address 1718 E 4th St  
Ste 300

City State Zip Code  
Charlotte NC 28204-3283

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Anesthesia  
Associates, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 9

Transaction ID: C18110444

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

F. H. Moretz

Mailing Address PO Box 5244

City State Zip Code  
Asheville NC 28813-5244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106154

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

William Pully

Mailing Address 2728 Cambridge Rd

City State Zip Code  
Raleigh NC 27608-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ncha, Inc.

Occupation  
Association Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106164

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

James D. Massie

Mailing Address 501 High Street

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Alpine GroupOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C18191144

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin D. Ossey

Mailing Address 210 Manchester Pl

City

Greensboro

State

NC

Zip Code

27410-6082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: C18106115

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Terrell

Mailing Address 3652 Dunloy Way

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Health CareOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: C18106135

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Carswell H. Jackson

Mailing Address 3289 Wynnewood Dr

City

Greensboro

State

NC

Zip Code

27408-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
siciansOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106155

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Hugh H. Tilson, Jr.

Mailing Address 1305 College Pl

City

Raleigh

State

NC

Zip Code

27605-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Hospital  
AssociationOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106165

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James E. Hyland

Mailing Address 1101 Pennsylvania Avenue, NW  
Suite 600

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Avenue GroupOccupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C18145336

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Welna

Mailing Address 3319 Lakeside Dr

City

Charlotte

State

NC

Zip Code

28270-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Anesthesia  
Associates, PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106136

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael A. Foster

Mailing Address 6303 Poplar Forest Dr

City

Summerfield

State

NC

Zip Code

27358-9338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
siciansOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106166

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James W. Hawkins, III

Mailing Address 2604 N. Nelxer Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Alpine GroupOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C18257397

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen B. Schuster

Mailing Address 30 Dutchman's Pipe Cove

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106127

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Brian T. Gray

Mailing Address 6508 Glynmoor Lakes Dr

City

Charlotte

State

NC

Zip Code

28277-4553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Anesthesia  
Associates, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106137

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John F. Hatchett, Jr.

Mailing Address 5904 Snow Hill Dr

City

Summerfield

State

NC

Zip Code

27358-9123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106167

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

E. J. Oddono, Jr.

Mailing Address 603 Seven Oaks Dr

City

Greensboro

State

NC

Zip Code

27410-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: C18106118

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce J. Denenny

Mailing Address 10 Winterberry Ct

City

Greensboro

State

NC

Zip Code

27455-0832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
siciansOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: C18106128

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

C. Jay Duggins

Mailing Address 11223 Colonial Country Ln

City

Charlotte

State

NC

Zip Code

28277-9682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	9

Transaction ID: C18106138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles E. Frederick

Mailing Address 5 Old Saybrook Dr

City

Greensboro

State

NC

Zip Code

27455-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
siciansOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106168

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John H. Lumpkin, Jr.

Mailing Address 490 Alexander Cir

City

Columbia

State

SC

Zip Code

29206-4968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edans & AvantOccupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	9

Transaction ID: C18104058

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David A. Crews

Mailing Address 17 Loch Ridge Drive

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
siciansOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

J. Patrick Danahy

Mailing Address 207 Country Club Dr

City

Greensboro

State

NC

Zip Code

27408-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Partnership

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106159

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Alexander F. Fortune

Mailing Address 906 West Cornwallis Dr.

City

Greensboro

State

NC

Zip Code

27408-5623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensboro Anesthesia Phy-  
sicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106169

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

21350.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Wal-Mart Stores Inc. PAC for Responsible Govt

Mailing Address 702 S.W. 8th Street

City

Bentonville

State

AR

Zip Code

72716

FEC ID number of contributing  
federal political committee.**C** C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C18145600

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

FedExPAC Federal Express Political Action Committee

Mailing Address 942 South Shady Grove Road

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing  
federal political committee.**C** C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Transaction ID: C18168270

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Merck &amp; Co, Inc. Employees PAC

Mailing Address 601 Pennsylvania Avenue, NW  
North Building-Suite 1200

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.**C** C00097485

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	9

Transaction ID: C18106580

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Smithfield Foods, Inc. PAC

Mailing Address 1050 Connecticut Avenue, NW  
Suite 1200

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00359075

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: C18106180

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Arent Fox LLP PAC

Mailing Address 1050 Connecticut Avenue, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00241380

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2009

Transaction ID: C18104060

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Croplife America Political Action Committee

Mailing Address 1156 15th Street, NW  
Suite 400

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00248849

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 22 2009

Transaction ID: C18127860

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Novartis Corporation Political Action Committee

Mailing Address 701 Pennsylvania Avenue, NW  
Suite 725

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00033969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: C18150351

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Assoc. for the Advancement of Psychology Inc PLAN

Mailing Address PO BOX 38129

City State Zip Code  
Colorado Springs CO 80937

FEC ID number of contributing  
federal political committee.

**C** C00002956

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: C18147881

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Zeneca, Inc. PAC

Mailing Address 1800 Concord Pike, PO Box 15437

City State Zip Code  
Wilmington DE 19897-0001

FEC ID number of contributing  
federal political committee.

**C** C00279455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: C18164211

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)  
Comcast Corporation Political Action Committee

Mailing Address 1701 JFK Boulevard, 49th Floor  
35th Floor

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: C18165201

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Wyeth Good Government Fund

Mailing Address Five Giralda Farms

City State Zip Code  
Madison NJ 07940

FEC ID number of contributing  
federal political committee.

**C** C00115303

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

Transaction ID: C18127861

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
American Academy of Ophthalmology Political Cmte.

Mailing Address 655 Beach Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing  
federal political committee.

**C** C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: C18106582

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America Corporation State and Federal PAC

Mailing Address 1100 North King Street  
DE5-001-02-07

City State Zip Code  
Wilmington DE 19884

FEC ID number of contributing  
federal political committee.

**C** C00043489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2009

Transaction ID: C18106182

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

DLA Piper PAC

Mailing Address 500 8th Street NW  
Suite 700

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00151340

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2009

Transaction ID: C18104062

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dealers Election Action Committee of the NADA

Mailing Address 8400 Westpark Drive

City State Zip Code  
McLean VA 22102

FEC ID number of contributing  
federal political committee.

**C** C00040998

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 07 2009

Transaction ID: C18164202

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

6250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alion Science and Technology Corporation PAC

Mailing Address 1750 Tysons Blvd  
Suite 1300

City State Zip Code  
Mc Lean VA 22102-4220

FEC ID number of contributing  
federal political committee. **C** C00431247

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: C18127862

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
FMC Good Government Program

Mailing Address 1101 Pennsylvania Avenue, NW  
Suite 325

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00033704

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: C18108943

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists PAC

Mailing Address 520 N Northwest Hwy

City State Zip Code  
Park Ridge IL 60068-2538

FEC ID number of contributing  
federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: C18106113

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

RJ Reynolds PAC

Mailing Address PO Box 718

City

Winston-Salem

State

NC

Zip Code

27102

FEC ID number of contributing  
federal political committee.

**C**

C00042002

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18104063

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street NW  
Suite 700

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106183

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Pharmaceutical Research Manufacturers BCG

Mailing Address 950 F Street NW  
Suite 300

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

C00021972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

Transaction ID: C18145614

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

North Carolina Medical Society PEAC

Mailing Address PO Box 25834

City

Raleigh

State

NC

Zip Code

27611

FEC ID number of contributing  
federal political committee.

**C**

C00003152

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106114

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Southeast Anesthesia Associates, PA PAC

Mailing Address PO Box 36351

City

Charlotte

State

NC

Zip Code

28236-6351

FEC ID number of contributing  
federal political committee.

**C**

C00306878

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106174

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street NW  
Suite 700

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106184

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Merck & Co, Inc. Employees PAC

Mailing Address 601 Pennsylvania Avenue, NW  
North Building-Suite 1200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00097485

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: C18164204

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Cisco Systems E-PAC

Mailing Address 20 Park Rd  
Ste E

City State Zip Code  
Burlingame CA 94010-4443

FEC ID number of contributing  
federal political committee.

**C** C00362707

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: C18165204

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

OSI Systems Inc. PAC

Mailing Address 1530 Wilson Blvd.  
Suite 170

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

**C** C00414896

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 9

Transaction ID: C18135325

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

National Emergency Medicine PAC

Mailing Address 1125 Executive Circle

City

Irving

State

TX

Zip Code

75038

FEC ID number of contributing  
federal political committee.**C**

C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: C18106175

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Universal American Corp. PAC

Mailing Address 6 International Drive  
Suite 190

City

Rye Brook

State

NY

Zip Code

10573

FEC ID number of contributing  
federal political committee.**C**

C00433029

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	9

Transaction ID: C18165625

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Life Technologies Corporation Employees PAC

Mailing Address 1050 K Street NW, Suite 310

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C**

C00404442

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C18145616

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)  
Biotechnology Industry Organization PAC

Mailing Address 1201 Maryland Avenue, SW  
Suite 900

City State Zip Code  
Washington DC 20024

FEC ID number of contributing  
federal political committee.

**C** C00355677

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: C18168266

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
California Dairies Federal PAC

Mailing Address PO Box 2198

City State Zip Code  
Los Banos CA 93635-2198

FEC ID number of contributing  
federal political committee.

**C** C00349746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 9

Transaction ID: C18103526

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
FMC Good Government Program

Mailing Address 1101 Pennsylvania Avenue, NW  
Suite 325

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00033704

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C18191146

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 31 / 46

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Sanofi Pasteur, Inc. PAC

Mailing Address Discovery Drive

City

Swiftwater

State

PA

Zip Code

18370

FEC ID number of contributing  
federal political committee.

**C**

C00215236

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 9

Transaction ID: C18136717

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Piedmont Triad Anesthesia PA Federal PAC

Mailing Address 145 Kimel Park Dr  
Ste 300

City

Winston Salem

State

NC

Zip Code

27103-6972

FEC ID number of contributing  
federal political committee.

**C**

C00435651

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: C18106177

Amount of Each Receipt this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)

Bank of America Corporation State and Federal PAC

Mailing Address 1100 North King Street  
DE5-001-02-07

City

Wilmington

State

DE

Zip Code

19884

FEC ID number of contributing  
federal political committee.

**C**

C00043489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 0 9

Transaction ID: C18103527

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 32 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

FedExPAC Federal Express Political Action Committee

Mailing Address 942 South Shady Grove Road

City

Memphis

State

TN

Zip Code

38120

FEC ID number of contributing  
federal political committee.**C**

C00068692

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	9

Transaction ID: C18164207

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

FMR LLC PAC

Mailing Address 82 Devonshire Street

City

Boston

State

MA

Zip Code

02109

FEC ID number of contributing  
federal political committee.**C**

C00380550

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	9

Transaction ID: C18110717

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Zeneca, Inc. PAC

Mailing Address 1800 Concord Pike, PO Box 15437

City

Wilmington

State

DE

Zip Code

19897-0001

FEC ID number of contributing  
federal political committee.**C**

C00279455

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	9

Transaction ID: C18108948

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

American College of Radiology Association PAC

Mailing Address 1891 Preston White Drive

City	State	Zip Code
Reston	VA	20191

FEC ID number of contributing  
federal political committee.**C** C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: C18168288

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

American Optometric Association PAC

Mailing Address 1505 Prince Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing  
federal political committee.**C** C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: C18168269

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Novartis Corporation Political Action Committee

Mailing Address 701 Pennsylvania Avenue, NW  
Suite 725

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.**C** C00033969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: C18106179

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)

Commonwealth Brands Inc Employee PAC

Mailing Address 900 Church Street  
PO Box 51587City State Zip Code  
Bowling Green KY 42101FEC ID number of contributing  
federal political committee.**C** C00455600

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: C18127859

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

79050.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	<b>Transaction ID:</b> D386580 <b>Date of Disbursement</b>																				
Mailing Address 120 Maryland Avenue, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Room Rental Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AWF Consulting	<b>Transaction ID:</b> D385540 <b>Date of Disbursement</b>																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">5220.41</td> </tr> </table>	5220.41																			
5220.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Davenport, Marvin, Joyce & Co., LLP	<b>Transaction ID:</b> D386181 <b>Date of Disbursement</b>																				
Mailing Address 703 Green Valley Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	9												
City Greensboro State NC Zip Code 27408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5720.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AWF Consulting	<b>Transaction ID:</b> D386581 <b>Date of Disbursement</b>																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AWF Consulting	<b>Transaction ID:</b> D388661 <b>Date of Disbursement</b>																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Consulting Services & Catering Candidate Name	<table border="1"> <tr> <td colspan="10">6737.63</td> </tr> </table>	6737.63																			
6737.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Davenport, Marvin, Joyce & Co., LLP	<b>Transaction ID:</b> D377962 <b>Date of Disbursement</b>																				
Mailing Address 703 Green Valley Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	9												
City Greensboro State NC Zip Code 27408	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">1905.00</td> </tr> </table>	1905.00																			
1905.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**13642.63**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<b>A.</b> Full Name (Last, First, Middle Initial) AWF Consulting	<b>Transaction ID:</b> D379062 <b>Date of Disbursement</b>																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	9													
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">5500.00</td> </tr> </table>	5500.00																			
5500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) NGP Software	<b>Transaction ID:</b> D385282 <b>Date of Disbursement</b>																				
Mailing Address 1225 Eye Street, NW Suite 1225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	9													
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Database Services Candidate Name	<table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	300.00																			
300.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie, LLP	<b>Transaction ID:</b> D379063 <b>Date of Disbursement</b>																				
Mailing Address 1201 Third Avenue 40th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	9													
City Seattle State WA Zip Code 98101-3099	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal Services Candidate Name	<table border="1"> <tr> <td colspan="10">62.00</td> </tr> </table>	62.00																			
62.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5862.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Perkins Coie, LLP</p> <p>Mailing Address 1201 Third Avenue 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D385283</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 95.50</p> <p>Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AWF Consulting</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D380464</p> <p>Date of Disbursement 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5522.32</p> <p>Category/ Type 003</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Davenport, Marvin, Joyce &amp; Co., LLP</p> <p>Mailing Address 703 Green Valley Road</p> <p>City Greensboro State NC Zip Code 27408</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D380456</p> <p>Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1480.00</p> <p>Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

7097.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Deluxe Business Checks &amp; Solutions</p> <p>Mailing Address PO Box 1186</p> <p>City Lancaster State CA Zip Code 93584-1186</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D390638</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Davenport, Marvin, Joyce &amp; Co., LLP</p> <p>Mailing Address 703 Green Valley Road</p> <p>City Greensboro State NC Zip Code 27408</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D381029</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Deluxe Business Checks &amp; Solutions</p> <p>Mailing Address PO Box 1186</p> <p>City Lancaster State CA Zip Code 93584-1186</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D390639</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="86.82"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**479.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chase Cards Mailing Address PO Box 94014	<b>Transaction ID:</b> D379064 <b>Date of Disbursement</b> <div> <div>08</div> <div>14</div> <div>2009</div> </div>
City Palatine State IL Zip Code 60094-4014 Purpose of Disbursement Credit Card Payment, See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3480.70</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 W Rio Salado Pkwy City Tempe State AZ Zip Code 85281-2880 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D392611 <b>Date of Disbursement</b> <div>08</div> <div>14</div> <div>2009</div> <b>Amount of Each Disbursement this Period</b> <div>659.30</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>
<b>C.</b> Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 N. Capitol St. NW City Washington State DC Zip Code 20001 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D392652 <b>Date of Disbursement</b> <div>08</div> <div>14</div> <div>2009</div> <b>Amount of Each Disbursement this Period</b> <div>458.30</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3480.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

**A.** Full Name (Last, First, Middle Initial)  
Colonial Inn of Martha's Vineyard

Mailing Address 38 North Water Street

City Edgartown State MA Zip Code 02539

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D392647

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

370.24

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Ohenry Hotel

Mailing Address 624 Green Valley Road

City Greensboro State NC Zip Code 27408-7720

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D392658

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

1561.67

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

36283.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC**A.**Full Name (Last, First, Middle Initial)  
Friends of Byron Dorgan

Mailing Address PO Box 871

City Bismark State ND Zip Code 58502

Purpose of Disbursement  
ContributionCandidate Name  
Byron DorganCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District:

Transaction ID: D383220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

2000.00

**B.**Full Name (Last, First, Middle Initial)  
Robin Carnahan for Senate

Mailing Address PO Box 50378

City Saint Louis State MO Zip Code 63105

Purpose of Disbursement  
ContributionCandidate Name  
Robin CarnahanCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District:

Transaction ID: D388602

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

2600.00

**C.**Full Name (Last, First, Middle Initial)  
Hodes for Senate

Mailing Address 379 Elm Street

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
ContributionCandidate Name  
Paul W. HodesCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NH District:

Transaction ID: D388603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

2600.00

SUBTOTAL of Disbursements This Page (optional) .....

7200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <hr/> <p>Mailing Address 2300 15th Street Suite 425</p> <hr/> <p>City Denver State CO Zip Code 80202</p> <hr/> <p>Purpose of Disbursement Contribution <input type="text"/></p> <hr/> <p>Candidate Name Michael F. Bennet</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District:</p>	<p><b>Transaction ID:</b> D388613</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 9</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) People for Patty Murray</p> <hr/> <p>Mailing Address P.O. Box 3662</p> <hr/> <p>City Seattle State WA Zip Code 98124</p> <hr/> <p>Purpose of Disbursement Contribution <input type="text"/></p> <hr/> <p>Candidate Name Patty Murray</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WA District:</p>	<p><b>Transaction ID:</b> D388604</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 9</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Chris Dodd</p> <hr/> <p>Mailing Address P.O. Box 270701</p> <hr/> <p>City West Hartford State CT Zip Code 06127</p> <hr/> <p>Purpose of Disbursement Contribution <input type="text"/></p> <hr/> <p>Candidate Name Christopher J Dodd</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District:</p>	<p><b>Transaction ID:</b> D388614</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 9</div> </div> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <div>2500.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**7500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committe Inc.</p> <hr/> <p>Mailing Address PO Box 549 511 Congress Street</p> <hr/> <p>City Napoleonville State LA Zip Code 70390</p> <hr/> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <hr/> <p>Candidate Name Charlie Melancon, Jr. <input type="checkbox"/> Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: LA District:</p>	<p><b>Transaction ID:</b> D383215  <b>Date of Disbursement</b>  <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <hr/> <p>Amount of Each Disbursement this Period  <input type="text" value="2400.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kendrick Meek for Florida</p> <hr/> <p>Mailing Address 111 NW 183rd Street Suite 325</p> <hr/> <p>City Miami State FL Zip Code 33169</p> <hr/> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <hr/> <p>Candidate Name Kendrick B. Meek <input type="checkbox"/> Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: FL District:</p>	<p><b>Transaction ID:</b> D388615  <b>Date of Disbursement</b>  <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <hr/> <p>Amount of Each Disbursement this Period  <input type="text" value="2500.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <hr/> <p>Mailing Address P.O. Box 19163</p> <hr/> <p>City Las Vegas State NV Zip Code 89132</p> <hr/> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <hr/> <p>Candidate Name Harry Reid <input type="checkbox"/> Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <hr/> <p>State: NV District:</p>	<p><b>Transaction ID:</b> D383216  <b>Date of Disbursement</b>  <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <hr/> <p>Amount of Each Disbursement this Period  <input type="text" value="2500.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7400.00**

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

Full Name (Last, First, Middle Initial)  
Gillibrand for Senate

Date of Disbursement

12 / 18 / 2009

Amount of Each Disbursement this Period

2562.75

Category/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)  
Friends for Harry Reid

Date of Disbursement

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)  
Gillibrand for Senate

Date of Disbursement

Amount of Each Disbursement this Period

2000.00

Category/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	

State: NY District:

**7062.75**

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Long Leaf Pine PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mikulski for Senate Committee

Mailing Address P. O. Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
Contribution

Candidate Name  
Barbara A. Mikulski

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MD

District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: D383219

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**1000.00**

**TOTAL** This Period (last page this line number only) .....

**30162.75**